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ABSTRACT

This literature review attempted to (1) examine whether hearing impaired children are at high risk for child abuse and neglect, (2) identify components of effective child abuse and neglect prevention programs and (3) identify currently existing programs for the prevention of child abuse and neglect with hearing impaired children. The review found consistent reports that children with pre-existent handicapping conditions are at higher risk for child abuse and neglect, but no information was found regarding which groups of handicapped children are more at risk. It is suggested that the communication deficits of the hearing impaired child may well increase the child's vulnerability to abuse and neglect. Among effective program components identified in the literature are parent education, parent support groups, and periodic respite care. A nationwide survey of parent programs for families with hearing impaired children found no programs which specifically identified prevention of child abuse or neglect as a primary goal. However, the purpose of parent programs is compatible with the objectives of child abuse and neglect prevention programs, since they typically provide information and referral, parent peer support groups, and individual counseling. A reference list is appended. (DB)

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CHILD ABUSE AND NEGLECT: PREVALENCE, PROGRAMS, AND PREVENTION WITH THE HEARING IMPAIRED

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Child abuse and neglect has received recent widespread attention as a pervasive problem with considerable impact upon a child's social, emotional, and intellectual development. While treatment is a major focus of research, identification of populations at risk and development of models for preventive intervention are essential.

The objectives of this study are: (a) to determine whether hearing impaired children are at high risk for child abuse and neglect, (b) to identify the components of effective programs designed to prevent the occurrence of child abuse and neglect, and (c) to identify currently existing programs for the prevention of child abuse and neglect with hearing impaired children.

Risk for Hearing Impaired Children

The literature consistently demonstrates that children with pre-existent handicapping conditions are overrepresented in populations of abused and neglected children (Glaser & Bentovim, 1979; O'Brien, 1980; Scherer, 1981). The likelihood of abuse and neglect is increased because handicapped children tend to be preceived by their parents as different (Camblin, 1982; Fowler & Haeuser, 1977; McLain, 1978), less gratifying (Martin, 1978), and more difficult to care for (Schneider, Helfer, & Hoffmeister, 1980). Handicapped children also "may elicit fear, sadness, disappointment, and other distancing feelings and behaviors from the parent. These feelings make it less likely that either parent or child will have their emotional or even physical needs met in the interaction between them" (Schneider, Helfer, & Hoffmeister, 1980, p. 425). Glaser and Bentovim (1978) found that handicapped children were more likely to be neglected than physically abused.

A review of the literature over the last decade provides no information regarding which groups of handicapped children are more at risk. The major reason appears to be insufficient reporting of statistics. State and local data collection efforts have typically not included the characteristics and conditions of handicapped children (Camblin, 1982). Therefore, it is an open question at this time whether hearing impaired children are more at risk, equally at risk, or less at risk than other populations of handicapped children. The question can be approached from another perspective. What is the potential for child abuse or neglect given the nature of hearing impairment and its impact upon the parent-child relationship?

Hearing impairment affects a vital link between parent and child. That link is language. Learning language, word by word, meaning by meaning, and structure by structure, is a painstakingly difficult task for the hearing impaired child. At the age of 3 or 4 when a normally developing child has a vocabulary of several thousand words and uses

fairly adult grammatical structures, the hearing impaired child may be at the initial stages of learning language, with a vocabulary of less than 50 or even 25 words used in one- or two-word structures. Communication with preschool aged hearing impaired children is always difficult and frequently frustrating. Researchers have reported that mothers communicate less often with their hearing impaired children than mothers of hearing children do and communication tends to decrease over time (Gregory, Mogford, & Bishop, 1979; Looney, 1974; Wedell-Monnig & Westerman, 1977). Schlesinger and Meadow (1972) found that "the behavior of mothers of deaf children differs radically from that of mothers of hearing children" (p. 107). Mothers of hearing impaired children were more inflexible, controlling, didactic, intrusive, and disapproving. Their hearing impaired children were less happy, enjoyed interacting with their mothers less, were less compliant, less creative, and showed less pride in their accomplishments than hearing children. The authors concluded that "children's capabilities and behavior exert tremendous influence on the interactional style exhibited by the mother. The effect is both reciprocal, and cumulative, with communicative deficit leaving its mark on every major area of child-rearing practices, and on the expressive and instrumental styles of both mothers and children" (p. 110).

Parents of hearing impaired children deal with a variety of stressful experiences. Initial diagnosis frequently results in parental grief reactions very similar to the reactions of the terminally ill including shock, recognition, denial, acknowledgement, and constructive action (Luterman, 1979). When parents are not given the opportunity to express their feelings in a supportive environment, they can remain feeling angry, guilty, and sad.

Parents also interact with many different professionals both initially and in a continuous capacity. The services of physicians, audiologists, speech and language clinicians, special educators, regular educators, and psychologists are inevitably utilized at different times. Parents also frequently work with social workers. While each of these individuals may take responsibility for some aspect of the child's development, it is the parent's responsibility to insure that all of the child's needs are met.

In order for child abuse or neglect to occur three factors have been found: (a) parent predisposition, (b) a perceived "different" child, and (c) precipitating stress (Fowler & Haeuser, 1977; McLain, 1978; Scherer, 1981). The presence of a hearing impaired child is certainly not sufficient for abusive or neglectful behavior to take place. However, evidence indicates that the probability of child abuse or neglect is greater than in the general population. Call (1984) found that even minor auditory defects can result in primary attachment failures. O'Brien (1980) reported that most deaf children are "either neglected or overprotected by their parents during the

early years" (p. 57). A symposium on child abuse was conducted at the California School for the Deaf in 1984. Participants from 11 schools for the deaf concluded that practices which contribute to the prevention of child abuse with the hearing impaired need to be developed (Kund, 1984).

Components of Prevention Programs

Parent programs for child abuse and neglect prevention focus directly on parental need. The programs reported in the literature predominantly attempt to meet the goals set forth by the National Committee for Prevention of Child Abuse (Coolsen, 1980): "to reduce inappropriate expectations of parenting and child development; to enhance parent-child bonding, emotional ties and communication; to increase parents' skills in coping with the added stresses of caring for children with special needs; to reduce family isolation and increase peer support; to increase parent knowledge about home and child management" (p. 8).

Six major components of effective programming can be identified (Armstrong, 1981; Barber-Madden, 1983; Downing, 1982; Fox, 1977; Galdston, 1975; Harrison, 1981; Helfer, 1976; Lally, 1984; Martin, 1984; Mayhall & Norgard, 1983; McCaffrey & Tewey, 1978; McLain, 1978; Rosenstein, 1978):

First, it has been found that parents benefit from explicit instruction in parenting and child development. Second, parent groups offer peer support and friendship. Third, a one-to-one relationship for a parent with a caring individual can offer the parent emotional support, understanding, advice, guidance, and reassurance. This person may be a professional psychological worker but is more often an individual trained in non-clinical counseling. In many programs, volunteers are utilized. Fourth, referral to social services, health services, and parent education programs in the community encourages the parent to use community support services effectively. Fifth, opportunities to observe teachers or day care workers interacting with their children provides parents with role models of parental skills and appropriate adult-child interactions. Sixth, parents benefit from regular or periodic respite from child care.

Programs typically take place in two milieus, preschool/day care center and home. Preschools and day care centers are often used because of the expertise of their faculty and staff, environmental support, the nature of the teacher-child relationship, and the opportunity for teachers to act as role models (Barber-Madden, 1983; Martin, 1984). In addition, it has been found that preschool aged children are more vulnerable to abuse than older children (Armstrong, 1981; Gelles, 1978). Also, the preschool or day care center tends to be perceived as a nonthreatening, supportive, and socially acceptable

environment for the parent (McLain, 1978). Home visitations are frequently incorporated into prevention programs because it is at home where the parent needs help and where privacy can be respected (Armstrong, 1981; Fox, 1977; Harrison, 1981; Lally, 1984).

Current Programs for Parents of Hearing Impaired Children

In a nationwide survey of parent programs for families with hearing impaired children, it was found that the major component is home visitation by teachers who show parents how to communicate with their preschool aged hearing impaired children (Craig & Craig, 1982). No programs are identified in the literature as offering specific parent support for the prevention of child abuse and neglect among handicapped children. Indeed, resources of information are quite limited for individuals working with hearing impaired children (McCrone, Ziezula, & Robinson, 1985).

As part of the current study, 63 programs in the United States and Canada identified in the April, 1985 issue of the American Annals of the Deaf as offering services to parents of hearing impaired children were contacted. The 29 programs which responded (46% of the total contacted) provided general information regarding services to parents. No programs specifically identified child abuse or neglect prevention as a direct or underlying aim of these services.

The purpose of parent programs are, however, quite compatible with the objectives of child abuse and neglect prevention programs. Parent programs typically provide information and referral, parent peer support groups, and individual counseling (Bricker & Casuso, 1979; Dee, 1981; Kronick, 1978; Rossett, 1975; Schmaman & Straker, 1980; Williams & Darbyshire, 1982).

Conclusions

"Measuring prevention--the number of times something has not happened--is a difficult, if not impossible, task" (Rosenstein, 1978, p. 524). Preventing child abuse and neglect is not just noble but vital to children's growth and development. The hearing impaired child is different and potentially less gratifying to the parent. Difficulty in communication and the stresses involved in insuring that the child's educational as well as emotional needs are met can create much turmoil within the parent. Clearly the parent and child may need help in developing and expressing a caring relationship with each other. Equally clear is the need for developing parent support programs incorporating the components of parent education and training, parent groups, one-to-one relationships with caring individuals, referral to community services, role modeling of appropriate adult-child interactions, and child care respite from the pressures of parenting.

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